

# BENEFICIARY DATA FORM

ACTIVITY No.: \_\_\_\_\_

PROGRAM/PROJECT: \_\_\_\_\_

AGENCY/ORGANIZATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CODING: \_\_\_\_\_

CONTRACT: \_\_\_\_\_

DATE: \_\_\_\_\_

## NUMBER OF PERSONS SERVED WHO ARE

TOTAL NO. OF PERSONS	LOW INCOME	VERY LOW INCOME	EXTREMELY LOW INCOME	WHITE	BLACK/ AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN/ ALASKAN NATIVE	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	AMERICAN INDIAN ALASKAN NATIVE & WHITE	ASIAN & WHITE	AM INDIAN/ ALASKAN NATIVE & BK/ AFRICAN AMERICAN	ASIAN/ PACIFIC ISLANDER	OTHER MULTI-RACIAL	HISPANIC	FEMALE HEAD OF HOUSEHOLD
REPORTING TOTAL															
YEAR TO DATE															

## NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
LOW INCOME	\$39,550	\$45,200	\$50,850	\$56,500	\$61,000	\$65,550	\$70,050	\$74,600
REPORTING TOTAL								
YEAR TO DATE								

## NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
VERY LOW INCOME	\$25,550	\$29,200	\$32,850	\$36,500	\$39,400	\$42,350	\$45,250	\$48,200
REPORTING TOTAL								
YEAR TO DATE								

## NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
EXTREMELY LOW INCOME	\$15,350	\$17,500	\$19,700	\$21,900	\$23,650	\$25,400	\$27,150	\$28,900
REPORTING TOTAL								
YEAR TO DATE								

Note: Numbers are to be unduplicated.

\* Note: Section 8 Income Limits Effective 2/20/03